



SmartCareMCO New Member Enrollment/ClientID Request Form Completion Instructions v1.7

PURPOSE

This document contains instructions related to the submission of client enrollment requests from behavioral health providers for the purpose of registering clients in a production SmartCareMCO environment. SmartCareMCO is the software system for member enrollment and claims adjudication that will be replacing MACSIS beginning on 01/01/18 and will be administered by PartnerSolutions (formerly Heartland East).

INSTRUCTIONS

If the SmartCareMCO New Client Enrollment/ClientID Request Form is completed by hand rather than electronically, it is imperative for the person completing the form to print legibly. Handwritten forms should never be completed in cursive script.

It is highly encouraged to use a dedicated .pdf reader, such as Adobe Acrobat, Adobe Reader, or Foxit Reader, if opening and using the electronic SmartCareMCO New Client Enrollment/ClientID Request Form. Attempting to open the form in any other program, such as an internet browser, will likely result in potential problems or the form being nonfunctional.

All completed enrollment forms must include, at minimum, responses for all of the required fields and their defined values. Required fields should never be left blank or incomplete, nor should any values be submitted for required fields other than the ones outlined in italics in this document.

Any questions pertaining to this document, or the enrollment process should be directed towards SmartCareSupport@StarkMHAR.org.

1. **OhioMHAS Board Consortium – Required.** Select from the dropdown the name of the Alcohol, Drug Addiction, and Mental Health Services (ADAMHS), Community Mental Health (CMH), or Alcohol and Drug Addiction Services (ADAS) board to which the enrollment form is being forwarded. Enter this value if the appropriate Consortium is not listed.

2. **ClientID No.** – This field is completed by a board enrollment staff person after the form has been processed and is populated with the unique identifying number that every enrolled client possesses in SmartCareMCO.
If a client has previously been enrolled in SmartCareMCO by the submitting agency, they should populate this field with the appropriate ClientID on a Change/Correction form.
3. **Form Type – Required.** Enter whether the form is being completed for the purposes of enrolling a new client or updating/correcting information on a currently enrolled client.
 - *New Member:* Select if the enrollment is being submitted for a new client.
 - *Change/Correction:* Select if the enrollment is being submitted for a client who has been previously enrolled in SmartCareMCO by the submitting agency.

PROVIDER INFORMATION

4. **Submitting Provider – Required.** Enter the name of the submitting agency that is requesting the enrollment.
5. **UPI – Required.** Enter the five-digit Universal Provider ID for the submitting agency.
6. **Requested Date** – Enter the date the form was sent by the submitting agency to the board completing the enrollment.
7. **Fax No. – Required.** Enter the secure fax number at which completed enrollment forms and related electronic protected health information can be faxed back to the submitting agency.
8. **Phone No. – Required.** Enter the phone number at which an enrollment- or intake-related provider contact person may be reached during normal business hours at the submitting agency.

CLIENT INFORMATION

9. **First Name – Required.** Enter the client’s full, legal first name.
10. **Middle Name** – Enter the client’s full middle name.
11. **Last Name – Required.** Enter the client’s last or family name.
12. **Suffix** – Enter the client ’s name suffix (e.g., Jr., II).
13. **SSN – Required.** Enter the client’s nine-digit social security number. Use “999-99-9999” if the client’s SSN is unobtainable. If “999-99-9999” is used in cases where the client has an SSN, it is vital that the submitting agency report the correct SSN as soon as it is known.

14. **Client doesn't have an SSN.** – “X” this box if the client has never been assigned an SSN, in addition to populating the previous SSN field with “999-99-9999.” However, do not “X” this box if the client’s SSN was unobtainable due to a crisis situation, client refusal, or any reason other than the client not legally possessing one.
15. **DOB – Required.** Enter the client’s date of birth. If their DOB is unobtainable, use 07/04/1876.
16. **Sex – Required.** Enter the client’s biological sex.
 - *Male:* Select if the client is biologically male.
 - *Female:* Select if the client is biologically female.
 - *Intersex:* Select if the client does not fit the typical definitions for being either biologically male or female.
 - *Client Refused/Doesn't Know:* Select if the client refused to disclose or does not know their biological sex.
17. **Primary Language – Required.** Select the client’s primary language.
18. **Ethnicity – Required.** Enter the client’s self-reported ethnic background. Choose the most approximate value available.

Hispanic or Latino origin can be defined as the country of birth, heritage, lineage, and nationality of the client or the client’s parents or ancestors before arriving in the United States. Hispanics or Latinos can be any race and include people of Argentine, Bolivian, Chilean, Colombian, Costa Rican, Cuban, Dominican, Ecuadorian, Guatemalan, Honduran, Mexican, Nicaraguan, Panamanian, Paraguayan, Peruvian, Puerto Rican, Salvadoran, Uruguayan, and Venezuelan descent.

- *Not Hispanic or Latino* – Select if the client self-reports as not being able to either fully or partially trace their origins or descent to Spain and the Spanish-speaking countries of Central and South America.
- *Hispanic or Latino* – Select if the client self-reports as being able to either fully or partially trace their origins or descent to Spain and the Spanish-speaking countries of Central and South America.
- *Cuban* – Select if the client self-reports as being able to either fully or partially trace their origins or descent to the Republic of Cuba.
- *Mexican* – Select if the client self-reports as being able to either fully or partially trace their origins or descent to the United Mexican States.
- *Puerto Rican* – Select if the client self-reports as being able to either fully or partially trace their origins or descent to the Commonwealth of Puerto Rico.

- *Other Specific Hispanic* – Select if the client self-reports as being able to either fully or partially trace their origins or descent to a specific Hispanic or Latino origin that is not an available value (e.g., Dominican).
 - *Client Refused/Doesn't Know* – Select if the client refused to disclose or does not know their ethnic background.
19. **Race – Required.** Enter the client's self-reported racial background. Multiple values should be chosen for biracial and multiracial clients. Choose the most approximate value(s) available.
- *White* – Select if the client self-reports as having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 - *Black or African American* – Select if the client self-reports as having origins in any of the Black racial groups of Africa.
 - *American Indian or Alaska Native* – Select if the client self-reports as having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
 - *Asian* – Select if the client self-reports as having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian subcontinent.
 - *Native Hawaiian or Other Pacific Islander* – Select if the client self-reports as having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - *Client Refused/Doesn't Know* – Select if the client refused to disclose or does not know their racial background.
20. **Marital Status – Required.** Enter the client's self-reported marital status. Choose the most approximate value available.
- *Never Married* – Select if the client self-reports as having never been legally married.
 - *Married* – Select if the client self-reports as being currently legally married.
 - *Divorced* – Select if the client self-reports as having been legally married in the past, but is currently legally divorced and has not remarried.
 - *Separated* – Select if the client self-reports as being legally married, but is currently no longer living with their spouse due to reasons other than illness, school, or work.
 - *Widowed* – Select if the client self-reports as having lost their legally married spouse through death and has not remarried.
 - *Client Refused/Doesn't Know* – Select if the client refused to disclose or does not know their marital status.

RESIDENCY AND CONTACT INFORMATION

21. **Address 1 – Required.** Enter the first line of the client's full, physical address (e.g., write "101 Main St." rather than "101 Main"). If the client is homeless, write "Homeless."

22. **Address 2** – Enter the second line of the client’s physical address (e.g., an apartment or lot number when applicable).
23. **City – Required.** Enter the client’s physical city of residence. If the client is homeless and living in a shelter, enter the shelter’s city; otherwise, enter the county seat of the county where they are residing.
24. **State – Required.** Select from the dropdown the client’s physical state of residence using a two-digit state postal code. If the client is homeless and living in a shelter, enter the shelter’s state postal code; otherwise, enter the state postal code of the county seat of the county where they are residing.
25. **ZIP – Required.** Enter, at minimum, the first five digits of the client’s physical address ZIP code. If the client is homeless and living in a shelter, enter the shelter’s ZIP code; otherwise, enter the ZIP code of the county seat of the county where they are residing.
26. **County of Residence – Required.** Enter the client’s county of residence that corresponds with their physical address.
27. **County of Financial Responsibility – Required.** Enter the county that is financially responsible for the client’s treatment/services. In almost all instances, this will be identical to the client’s county of residence with the exception of certain special populations (e.g., children in foster care, institutionalized mental health patients).
28. **Primary Phone No.** – Enter the client’s primary phone number including the area code.
29. **Secondary Phone No.** – Enter the client’s secondary phone number including the area code.
30. **Aff. Code** – Enter an affiliation code that is used to track funding sources if applicable.
 - *507DE* – Select for the Multi-County Collaborative Detox affiliation code.
 - *AMDE* – Select for the Ambulatory Detox affiliation code.
 - *DRUG* – Select for the Drug Court & Adolescent Reentry affiliation code.
 - *FPRP* – Select for the Forensic Partnership Recovery Program affiliation code.
 - *HA03* – Select for the Ashland Hardship affiliation code.
 - *HA32* – Select for the Hancock Hardship affiliation code.
 - *MEAD* – Select for the Medicaid Expansion Application Denied affiliation code.
 - *MEAP* – Select for the Medicaid Expansion Application Pending affiliation code.
 - *MEMC* – Select for the Medicaid Expansion Client Ineligible affiliation code.
 - *PG* – Select for the Problem Gambling affiliation code.
 - *RSAT* – Select for the Residential Substance Abuse Treatment affiliation code.
 - *SHPC* – Select for the Shelter Plus Care affiliation code.
 - *TASC* – Select for the Criminal Justice Pass Through affiliation code.

- *TPME* – Select for the Turning Point Men’s Program affiliation code.
- *TXX* – Select for the Title XX affiliation code.

31. **Aff. Code Start Date** – Enter the start date related to the affiliation code if one is entered.
32. **Aff. Code End Date** – Enter the end date related to the affiliation code if known and applicable.

ADDITIONAL INFORMATION

33. **Gender Identity** – **Required for Stark Board only.** Enter the client’s gender identity. Choose the most approximate value available.
- *Male/Man* – Select if the client identifies as being a male/man in accordance with their assigned sex at birth.
 - *Female/Woman* – Select if the client identifies as being a female/woman in accordance with their assigned sex at birth.
 - *Transgender** – Select if the client identifies as being a member of a gender other than the one that was assigned at birth based on their anatomical sex.
 - *Genderqueer* – Select if the client identifies as belonging to any non-binary, non-conforming identities (e.g., genderfluid).
 - *Genderless* – Select if the client identifies as not belonging to any particular gender and/or having no connection to the traditional system of gender.
 - *Third Gender* – Select if the client identifies as being neither a male/man or a female/woman, but as belonging to a third gender instead.
 - *Two Spirit/Bigender* – Select if the client identifies as possessing qualities and fulfilling the roles of both the traditional male/man and female/woman genders while identifying as both.
 - *Trans Man* – Select if the client identifies as being a female-to-male transgender person who still affirms their history of being assigned the female sex at birth.
 - *Trans Woman* – Select if the client identifies as being a male-to-female transgender person who still affirms their history of being assigned the male sex at birth.
 - *Declined to Answer* – Select if the client declined to disclose their gender identity.
34. **Sexual Orientation** – **Required for Stark Board only.** Enter the client’s sexual orientation in relation to the sex(es)/gender(s) to which they are sexually attracted. Choose the most approximate value available.
- *Heterosexual/Straight* – Select if the client identifies as experiencing emotional, physical, and/or sexual attraction to people who are not their same sex/gender.
 - *Homosexual/Gay/Lesbian* – Select if the client identifies as experiencing emotional, physical, and/or sexual attraction to people who are their same sex/gender.
 - *Bisexual* – Select if the client identifies as experiencing emotional, physical, and/or sexual attraction to males/men and females/women.

- *Pansexual* – Select if the client identifies as experiencing emotional, physical, and/or sexual attraction to people of all gender identities and expressions.
 - *Asexual* – Select if the client identifies as experiencing little or no sexual attraction to other people and/or a lack of interest in sexual relationships and behavior.
 - *Declined to Answer* – Select if the client declined to disclose their sexual orientation.
35. **Special Populations** – Select one of the listed Special Populations options if applicable to the client.
- *Amish/Hutterite/Mennonite*: Select if the client belongs to this group.
 - *Minor Self-Consent for Treatment*: Select if the client is a minor self-consenting for treatment without a parent or guardian.
36. **IDAT Funding (House Bill 131)** – **Required for Wayne-Holmes Board only.**
- *Yes* – Select if the client was convicted of operating a vehicle under the influence of alcohol or drugs and is receiving treatment services paid for by a court-utilized Indigent Driver Alcohol Treatment Fund.
 - *No* – Select if the client was not convicted of operating a vehicle under the influence of alcohol or drugs and/or is not receiving treatment services paid for by a court-utilized Indigent Driver Alcohol Treatment Fund.
 - *N/A* – Select if the field is not applicable to the client.
37. **Notes** – Enter any additional notes regarding this client.

COVERAGE AND FINANCIAL INFORMATION

38. **Effective Date** – **Required.** For a new client, enter the date that the client was first seen by the submitting agency for treatment and/or services. For an already existing client, enter the effective date of any change in their information.
39. **Household Size** – **Required.** Enter the number of individuals, including the client, who live in the home and are dependent upon the family income. If unobtainable, enter “1.” Consult the county of financial responsibility’s policy for further clarification concerning how to calculate family size.
40. **Adjusted Gross Monthly Income** – **Required.** Enter the family’s adjusted gross monthly income. Consult the county of financial responsibility’s policies for further clarification concerning how to calculate adjusted gross monthly income.
41. **Medicaid ID** – Enter the client’s current 12-digit Medicaid recipient identification number if known and applicable.

42. **Medicaid Managed Care Plan** – Enter the client’s current Medicaid managed care plan if known and applicable.
- *Aetna Better Health of Ohio*: Select if the client is presently enrolled in this managed care plan.
 - *AmeriHealth Caritas Ohio, Inc*: Select if the client is presently enrolled in this managed care plan.
 - *Anthem Blue Cross and Blue Shield*: Select if the client is presently enrolled in this managed care plan.
 - *Buckeye Community Health Plan*: Select if the client is presently enrolled in this managed care plan.
 - *CareSource*: Select if the client is presently enrolled in this managed care plan.
 - *Humana Healthy Horizons in Ohio*: Select if the client is presently enrolled in this managed care plan.
 - *Molina Healthcare of Ohio*: Select if the client is presently enrolled in this managed care plan.
 - *Paramount Advantage*: Select if the client is presently enrolled in this managed care plan.
 - *UnitedHealthcare Community Plan*: Select if the client is presently enrolled in this managed care plan.

VERIFICATIONS

43. **Disclosure of enrollment?** – **Required.**
- *Yes* – Select if the client or their legal custodian signed disclosure of enrollment.
 - *No* – Select if the client or their legal custodian did not sign disclosure of enrollment.
44. **All applicable authorizations for billing as required by Federal and State laws have been received?** – **Required.**
- *Yes* – Select if the client or their legal custodian signed all applicable authorizations required to receive services.
 - *No* – Select if the client or their legal custodian did not sign all applicable authorizations required to receive services.
45. **In crisis at enrollment?** – **Required.**
- *Yes* – Select if the client was in crisis at the time of enrollment and potentially unable to sign consent for treatment/services and/or provide any required information.
 - *No* – Select if the client was not in crisis at the time of enrollment.
46. **Client is potentially SPMI/SED?**

- *Yes* – Select if the client appears likely to qualify as having a “serious and persistent mental illness” (SPMI) or as being “severely emotionally disturbed” (SED) per the definitions published by the Ohio Department of Mental Health and Addiction Services.
- *No* – Select if the client does not appear likely to qualify as having a “serious and persistent mental illness” (SPMI) or as being “severely emotionally disturbed” (SED) per the definitions published by the Ohio Department of Mental Health and Addiction Services.
- *N/A* – Select if the field is not applicable to the client or if the information is not available.

47. Residency verification form signed?

- *Yes* – Select if the client or their legal custodian signed a residency verification form.
- *No* – Select if the client or their legal custodian did not sign a residency verification form.
- *N/A* – Select if the field is not applicable to the client or if the information is not available.

48. Proof of household income?

- *Yes* – Select if the client or their legal custodian provided documentation concerning proof of their household income (e.g., paystubs, bank statements, benefit letters).
- *No* – Select if the client or their legal custodian did not provide documentation concerning proof of their household income. Failure to collect proof of income may result in the client being fully responsible for the cost of their own treatment/services.
- *N/A* – Select if the field is not applicable to the client or if the information is not available.

49. Proof of identity?

- *Yes* – Select if the client or their legal custodian provided documentation concerning proof of their identity (e.g., a state-issued driver’s license, state-issued identification card, passport).
- *No* – Select if the client or their legal custodian did not provide documentation concerning proof of their identity.
- *N/A* – Select if the field is not applicable to the client or if the information is not available.

ITEMS COMPLETED BY ENROLLMENT STAFF

This section will be completed by the board enrollment staff person. Contact the board enrollment staff person if you are uncertain of how to interpret any of the fields they completed on a return form.

50. **Client Copay** – This indicates the copay percentage that a client is responsible to pay towards the cost of their own treatment/services. The copay is based upon a client’s family size and adjusted gross monthly income in accordance with the county of financial responsibility’s sliding fee scale.

Note: Some boards may request provider agencies to populate this field with the copay the client should receive in accordance with the board-designated sliding fee scale.

51. **Client Plan** – This indicates the board benefit plan to which the client was enrolled.
52. **Staff Entering Data** – This indicates the name of the board enrollment staff person who processed the form.
53. **Date Entered** – This indicates the date that the data entry associated with the enrollment was completed.